

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012880

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

Primary Registration District No. 1003

Registrator's No. 3450

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 12 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN 915 N. Grand, St. Louis, Mo.

Length of stay in 1b

11 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois

b. COUNTY St. Clair

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN E. St. Louis

d. STREET ADDRESS

(If outside, give location) 720A St. Clair

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

OSCAR

Middle

H.

Last

KNEPPER

4. DATE OF DEATH

Month

April

Day

1

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

8/17/18

9. AGE (last birthday)

43

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cattle Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Centerville Station, Ill. USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Henry Knepper

13b. MOTHER'S MAIDEN NAME

Rosa Meyer

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW-2

16. SOCIAL SECURITY NO.

17. INFORMANT

Esther Miller (Sister) 314 S. 8th St., Belleville, Ill.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE PULMONARY EDEMA

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

PERIPHERAL CIRCULATORY COLLAPSE

UNKNOWN

DUE TO (c)

PULMONARY EMBOLUS

465X

UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

MYOCARDITIS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

VA attended the deceased from 3/21/62 to 4/1/62 and last saw him alive on 4/1/62

Death occurred at 12 Midnight

22a. SIGNATURE OF REGISTRAR (Specify title) DAVID H. MC KENNA M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

4/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

4-1-62

23c. NAME OF CEMETERY OR CREMATORY

CONCORDIA Cem.

23d. LOCATION (City, town, or county)

MILLSTADT

(State)

ILLINOIS

24. FUNERAL DIRECTOR

STRAUSS

ADDRESS

MILLSTADT, ILL

25. DATE RECD. BY LOCAL REG.

APR 1 1962

26. REGISTRAR'S SIGNATURE

David Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank P. McKelvey

Licensed Embalmer No. 4356

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.